

EEOC Form 6 (5/01)

**CHARGE OF DISCRIMINATION**

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To: Agency(ies) Charge No(s):

 FEPA  
 EEOC

265-2005-00946

**Minnesota Dept Of Human Rights**

and EEOC

Name (Indicate Mr., Ms., Mrs.)

**Ms. Linda Rooney**

Home Phone No. (incl Area Code)

(952) 938-3163

Date of Birth

05-08-1951

Street Address

City, State and ZIP Code

**6000 Leslie Lane, Edina, MN 55436**

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)

Name <b>ALITALIA AIRLINES</b>	No. Employees, Members <b>Unknown</b>	Phone No. (Include Area Code) <b>(212) 903-3300</b>
----------------------------------	--	--

Street Address	City, State and ZIP Code
----------------	--------------------------

350 Fifth Avenue, Suite 3700, New York, NY 10118	
--	--

Name	No. Employees, Members	Phone No. (Include Area Code)
------	------------------------	-------------------------------

Street Address	City, State and ZIP Code
----------------	--------------------------

DISCRIMINATION BASED ON {Check appropriate box(es)}

<input type="checkbox"/> RACE	<input type="checkbox"/> COLOR	<input type="checkbox"/> SEX	<input type="checkbox"/> RELIGION	<input checked="" type="checkbox"/> NATIONAL ORIGIN
<input type="checkbox"/> RETALIATION	<input checked="" type="checkbox"/> AGE	<input type="checkbox"/> DISABILITY	<input type="checkbox"/> OTHER (Specify below)	

DATE(S) DISCRIMINATION TOOK PLACE

Earliest

Latest

12-08-2004

12-08-2004

 CONTINUING ACTION

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

I. I worked at the above stated Respondent's MN location since 1982 in Sales, most recently as Manager-National Accounts. On December 8, 2004, I was told by the Vice President of Corporate Affairs, Franco Gallo and the Sr. Director of Sales, USA and Mexico, Marco D'Ilario, that my position was being eliminated. I was not offered a transfer to any other position, nor would I be recalled.

II. Respondent's Reason Given: The Respondent stated that my layoff was due to financial difficulties the Respondent was having.

III. I believe that I have been discriminated against on the basis of my national origin, American, in violation of Title VII of the Civil Rights Act of 1964, as amended; and on the basis of my age, 53, in violation of the Age Discrimination in Employment Act of 1967, as amended. The Respondent transferred and retained younger, Italian employees, while selecting for position elimination older, American employees. I had excellent performance, and was given no specific reason as to why I was selected over others.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

NOTARY - When necessary for State and Local Agency Requirements

I declare under penalty of perjury that the above is true and correct.

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

Linda Rooney  
SUBSCRIBED AND SWEORN TO BEFORE ME THIS DATE  
(month, day, year)

3/10/05 Date

Charging Party Signature



Representing Management Exclusively in Workplace Law and Related Litigation

Jackson Lewis LLP	ATLANTA, GA	LOS ANGELES, CA	SACRAMENTO, CA
50 Maiden Lane	BOSTON, MA	MIAMI, FL	SAN FRANCISCO, CA
New York, New York 10038	CHICAGO, IL	MINNEAPOLIS, MN	SEATTLE, WA
Tel 212 545-4000	DALLAS, TX	MORRISTOWN, NJ	STAMFORD, CT
Fax 212 972-3213	GREENVILLE, SC	NEW YORK, NY	WASHINGTON, DC REGION
<a href="http://www.jacksonlewis.com">www.jacksonlewis.com</a>	HARTFORD, CT	ORLANDO, FL	WHITE PLAINS, NY
	LONG ISLAND, NY	PITTSBURGH, PA	

DIRECT DIAL: (212) 545-4027  
 EMAIL ADDRESS: [LPERESM@JACKSONLEWIS.COM](mailto:LPERESM@JACKSONLEWIS.COM)

February 23, 2005

**VIA FACSIMILE AND REGULAR MAIL**

Mr. Julian Hook  
 Attorney at Law  
 Park Avenue of Wayzata Building  
 15250 Wayzata Boulevard, Suite 107  
 Wayzata, MN 55391

**Re: Lynda Rylott-Rooney**

Dear Mr. Hook:

We represent Alitalia Linee Aeree Italiane SpA ("Alitalia") with respect to labor and employment matters. As such, we have been asked to respond to your letter of February 8, 2005, regarding Linda Rylott-Rooney.

We have reviewed your letter and find no merit to the claims asserted therein. In the first place, Ms. Rooney was certainly an at-will employee of Alitalia. There is no legal requirement that an individual sign an "employment 'at-will' provision" to be an at-will employee. Therefore, her employment was terminable at-will at any time.

As to Ms. Rooney's claim for severance, this claim is also without merit. Alitalia is not legally required to provide Ms. Rooney with any severance let alone three weeks for each year of employment. Ms. Rooney's claim that others were provided with more severance in the past, even if true, does not prove that Alitalia was contractually obligated to provide a certain amount of severance to her at the time of her discharge. Finally, you have set forth no facts which support her claim that her severance amount was "discriminatory." As such, we cannot respond except to deny that Alitalia discriminated against Ms. Rooney with respect to her severance or as to any aspect of her employment.



Attorneys at Law

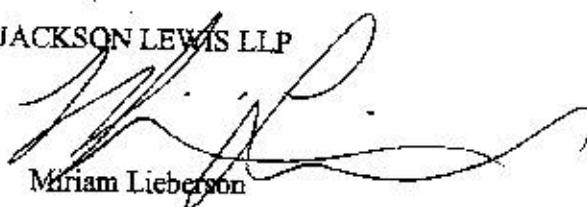
February 23, 2005

Page 2

Accordingly, Alitalia is not prepared to provide any additional severance to Ms. Rooney. Please feel free to contact us if you have any additional information that would bear on this issue.

Very truly yours,

JACKSON LEWIS LLP



Miriam Lieberman

A handwritten signature in black ink, appearing to read 'ML' followed by a stylized surname.

ML:lp

cc: Francesco Gallo

265 2008 60946

Page 1

3

## INTAKE QUESTIONNAIRE EEOC USE ONLY

PCP sent packet on \_\_\_\_\_ Date of Inquiry \_\_\_\_\_ Initials of Person or Contact \_\_\_\_\_  
 Date of Appointment \_\_\_\_\_ Time: \_\_\_\_\_ To be returned to: \_\_\_\_\_ or assigned to: \_\_\_\_\_

This form is affected by the Privacy Act of 1974; see Privacy Act Statement on page 5 before completing this form. Please answer the following questions, telling us briefly why you believe you have been discriminated against in employment. An officer of the EEOC will review the information you provide and determine whether or not your allegations warrant a charge being filed.

**IF YOU HAVE ALREADY FILED WITH A STATE OR LOCAL FAIR EMPLOYMENT PRACTICES AGENCY IT IS NOT NECESSARY THAT YOU FILE AGAIN WITH EEOC. IF YOU ARE COMPLAINING ABOUT SOMETHING THAT HAPPENED OVER 300 DAYS AGO, STOP AND ASK TO SPEAK TO AN INTAKE OFFICER, BEFORE PROCEEDING.**

### (PLEASE PRINT)

Name LINDA R Rooney Date \_\_\_\_\_  
 (First) (Middle Initial) (Last)

Address 6000 LESLIE LANE

City LEONA State MN Zip Code 55436 County USA

Telephone No. (Including area code) Home 952-938-3163 Work —

I prefer to be contacted at:  Home  Work Days \_\_\_\_\_ Time(s) \_\_\_\_\_

Your Date of Birth: MAY 8, 1951 Social Security Number: 365-56-4197

YOUR SEX:  Male  Female

YOUR RACE:  Black  White  Asian/Pacific Islander  American Indian  Alaskan Native  
 Other \_\_\_\_\_

National Origin:  Mexican  Hispanic  East Indian  Other \_\_\_\_\_

Please provide the name of a person at a different address whom we can contact if you are unable to be reached:

Name DENIS ROONEY Relationship SPouse Telephone No. 952-932-5560

Address SAME City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I believe I was discriminated against by: (Check those that apply)  
 Employer  Union Local No. \_\_\_\_\_  Employment Agency  Other (Specify) \_\_\_\_\_

Employer: \_\_\_\_\_ If another employer or union is involved: \_\_\_\_\_

Name: ALITALIA AIRLINES \_\_\_\_\_

Address 350 FIFTH AVE STE 3700 \_\_\_\_\_

City/State/Zip NEW YORK, NY 10118 \_\_\_\_\_

County USA Telephone 212-903-3300 \_\_\_\_\_

Approx. Number of Employees OVER 500 \_\_\_\_\_

Type of Business AIRLINE \_\_\_\_\_

, address, telephone number and title of your representative or attorney, if any? \_\_\_\_\_

---



---

Have you filed a charge of discrimination with the Minnesota Department of Human Rights or the Minneapolis Department of Civil Rights or any other state or local fair employment agency?  Yes  No. If "yes", tell us the following details:

Name of Agency \_\_\_\_\_

Date Charge Filed with that Agency \_\_\_\_\_ Charge Number \_\_\_\_\_

What action has been taken, and did you receive any relief? (Please describe) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Employment Data: (complete as many items as you can)

Date hired JAN 4, 1993. Job Title & Salary when hired Sales Representative - #730K  
 Job Title & Salary at Time of Discrimination: Manager Accounts Receivable Development Unit  
 Name and Job Title of Immediate Supervisor: LUCIA ALIA - MGR. CORPORATE UNIT  
 Is there a union?  No  Yes - Name of union, local number, address and telephone number, name of union representative and/or business agent: #65,000

Have you filed a union grievance?  No  Yes, give present status or summarize the final outcome, if process has been completed.

---

**FOR THOSE ACTIONS THAT YOU WISH TO INCLUDE IN THE CHARGE:**

1. The Earliest date of discrimination is: (month, day, year) Dec 08, 2004
2. The Most Recent date discrimination occurred is: (month, day, year) Same
3. Identify by name and job title the individual(s) you believe discriminated against you:

Fernando Gaudio - Sr VP Corporate Regulatory Affairs

Guisa Libalbi - Sr VP North America - Mexico

4. You believe that the cause of the action(s) taken against you was/were based upon:

Race  National Origin  Sex  Religion (Specify) \_\_\_\_\_  
 Color  Age (over 40)  Pregnancy  Equal Pay  
 Retaliation: Filed a previous charge (charge no. \_\_\_\_\_)  
 Retaliation: Opposed Unlawful Employment practices, describe briefly:  
\_\_\_\_\_

Disability (Specify name of disability and describe symptoms briefly) \_\_\_\_\_

5. Did you file a Workers Comp. Claim for your disability?  Yes  No Date filed: \_\_\_\_\_?

Page 3

I believe I was discriminated against by being (check and date (month/day/year) only those that apply):

<u>Terminated</u>	<u>Denied</u>	<u>Treated Differently</u>
Date:	Date:	Date:
<input type="checkbox"/> Fired	<input type="checkbox"/> Hire	<input type="checkbox"/> Harassed based on _____ (Race, Sex, Age, etc.)
<input type="checkbox"/> Laid Off	<input type="checkbox"/> Promotion	<input type="checkbox"/> Sexual Harassment
<input type="checkbox"/> Forced to Quit/Resign	<input checked="" type="checkbox"/> Transfer	<input type="checkbox"/> Demoted
<input checked="" type="checkbox"/> Forced to Retire	<input type="checkbox"/> Recall from Layoff	<input type="checkbox"/> Disciplined
<input type="checkbox"/> Resigned	<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Maternity Leave
	<input type="checkbox"/> Maternity Benefits	<input type="checkbox"/> Suspended
	<input type="checkbox"/> Religious Accommodation	<input type="checkbox"/> Wages
	<input type="checkbox"/> Accommodation for Disability	

Other action not listed above:

(For each block checked above, provide a detailed explanation on page 5 under additional comments, including the dates each incident occurred and names and titles of those persons involved).

7. What reason(s) were given by the employer for the actions taken against you? POSITION ELIMINATED

---



---

8. State the specific reasons you believe the action(s) taken against you was/were the result of discrimination:

PERSONS IN SIMILAR POSITIONS WERE RETAINED - OR IF POSITION ELIMINATED - TRANSFERRED TO ANOTHER POSITION WERE ALL YOUNGER & OF ITALIAN DESCENT

9. Do you know of any other reasons which may have led to the actions taken against you (for example, poor performance, absenteeism, latitudination, etc.)? NONE - PERFECT ATTENDANCE & ABOVE AVERAGE PERFORMANCE EVALUATION - CONSISTENTLY ADDITIONALLY MY PORTFOLIO SALES FOR 2004 WAS +70% ABOVE MY ASSIGNED TARGET 11M - 18M - 04

10. Indicate any direct evidence (statements or documents) which would help prove what you are saying (submit copies if you have them):

---

11. During your employment with the respondent did you receive a performance review? If so, at what level were you rated and when was your most recent last review? (Above average, average or below average) YES ABOVE AVERAGE SPRING 2004

---

12. List those persons who were treated the same, more favorably or less favorably than you:

NAME	JOB TITLE	SEX, RACE, OTHER BASIS	DIFFERENT TREATMENT
<u>KATHY Moriarty</u>	<u>Sales Manager Chicago</u>		<u>SAME - AGE + NAT'L ORIGIN</u>
<u>TEN FUTTERMAN</u>	<u>Sales Manager - Miami</u>		<u>" " "</u>
<u>REMOVED NAMES</u>			
<u>JAMES PANO</u>	<u>- Manager Off-Line Sales</u>	<u>YOUNGER + ITAL descent</u>	
<u>NICK DeBASI</u>	<u>- Sales Mgr Washington</u>	<u>YOUNGER</u>	<u>" "</u>
<u>ELIZABETH Santella</u>			<u>YOUNGER - ITAL descent</u>

those witnesses you think can provide evidence in support of your charge:

E & ADDRESS	TELEPHONE HOMEWORK	INFORMATION WITNESS CAN PROVIDE (IN DETAIL)
<u>KATHY MORIARTY</u>	<u>848-538-0505</u>	<u>BOTH HAVE CASES PENDING WITH EEOC. BOTH HAVE BEEN VICTIMS OF AGE DISCRIMINATION AND DUE TO NATIONAL ORIGIN - NON ITALIAN.</u>
<u>KEN FULTON</u>	<u>310-273-6925</u>	
C.		
D.		

14. Identify the individual who handles employee relations? Give name and title \_\_\_\_\_

FRANK GALLA, SR. V.P. CORPORATE REGULATORY AFFAIRS

15. Have you attempted to resolve your problem by discussing the matter with someone in management? ( ) Yes ( ) No. If so, provide the name and title of the person(s) and state what happened and the date(s).

16. If terminated, have you applied for unemployment insurance: ( ) Yes ( ) No  
Were you awarded unemployment benefits: ( ) Yes ( ) No If so, when? \_\_\_\_\_

If not, why not? \_\_\_\_\_

If your employment was terminated, who replaced you? \_\_\_\_\_

17. REFUSAL DATA (If refused hire, promotion, transfer, salary increase etc.)

Title of job sought \_\_\_\_\_ Salary of job sought: \$ \_\_\_\_\_

How did you know about the job and/or salary: \_\_\_\_\_

Did you apply by written application or verbally? \_\_\_\_\_

When and to whom did you submit the application? \_\_\_\_\_ Date \_\_\_\_\_

How and when did you find out you had been refused? \_\_\_\_\_ Date \_\_\_\_\_

Who got the job, promotion, salary, etc.? \_\_\_\_\_

18. Because we need to make a rough estimate of the money (if any) which you lost because of the action taken against you -- Please list below the jobs you have held since this action was taken against you:

(a) Name of Employer NONE

Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_

Salary/Wages \$ \_\_\_\_\_ Per hour (# of hours) \_\_\_\_\_ Per week month year (circle one)

(b) Name of Employer \_\_\_\_\_

Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_

Salary/Wages \$ \_\_\_\_\_ Per hour (# of hours) \_\_\_\_\_ Per week month year (circle one)

(c) Name of Employer \_\_\_\_\_

Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_

Salary/Wages \$ \_\_\_\_\_ Per hour (# of hours) \_\_\_\_\_ Per week month year (circle one)



# Minnesota Department of Human Rights

March 28, 2005

5  
Ref: 45852  
Linda Rooney  
vs.  
Alitalia Airlines

Linda Rooney  
6000 Leslee Ln  
Edina, MN 55436

Dear Linda Rooney:

The Equal Employment Opportunity Commission (EEOC) has sent a copy of the charge you filed with that agency to the Minnesota Department of Human Rights (MDHR), in order to preserve your rights under the Minnesota Human Rights Act (MHRA), Minnesota Statutes, §363A.

The EEOC will continue to process your charge under the work-sharing agreement between the agencies (**MDHR does not conduct the investigation**). If EEOC determines that it lacks jurisdiction to proceed with the charge, MDHR will decide whether to continue to process the charge under the authority of the MHRA. If this occurs, the Charging Party and the Respondent will be notified.

You have an obligation to inform both MDHR and EEOC in writing if you change your address or telephone number. Failure to do so may result in the dismissal of your charge.

EEOC will send notice of its disposition of the charge to the parties and MDHR. If EEOC dismisses the charge on its merits, you may request that MDHR conduct a review of EEOC's decision. To exercise this right, you must submit your request for review to MDHR in writing within ten (10) working days of the date on which you receive notice of EEOC's determination (**No phone requests accepted**). Any request you may make to the EEOC to review its dismissal action does not extend this 10-day deadline. The Department's decision after review is final. If a timely request for review by MDHR is not submitted, EEOC's disposition will be adopted, and notice that the case has been closed will be sent to the parties.

You have the right to bring a civil suit in state district court after 45 days have passed from the filing of the charge with the MDHR pursuant to Minnesota Statute §363A.33 subd. 1(3). If that occurs, the MDHR is required to close its file without further action. You are not required to bring a civil action or to have an attorney while your charge is being processed. If you decide to take private action your attorney can explain what is involved, including the possible costs and outcomes and the time it may take.

Questions regarding the status of your charge should be directed to the EEOC at (612) 335-4040. Questions concerning this notice or the right to request the MDHR's review of EEOC's decision on your charge should be directed to Peg Exley at (651) 298-9081.

Sincerely,

Velma J. Korbel  
Commissioner

AN EQUAL OPPORTUNITY EMPLOYER

eeoc2-n

3/04